

UNIT STATUS UPDATE FORM

FAX TO: 651-296-7069	ATTENTION: to assist us with assisting you, PLEASE check staff name:
<input type="checkbox"/> Holli Largent	<input type="checkbox"/> Pam Hayes
<input type="checkbox"/> Ramona Straw	<input type="checkbox"/> Rose Marsh
<input type="checkbox"/> Terry Seaton	

TO AVOID ERRORS: FAX THIS FORM PRIOR TO SUBMITTING TRACS FILES

Property: _____ Contract Number: _____



INFORMATION SHOULD BE TRANSMITTED VIA TRACS. YOU MUST DISCUSS IT WITH YOUR TRACS ANALYST IF IT NEEDS TO BE MANUALLY ENTERED

Date Submitted through TRACS: _____

Unit #: _____ Tenant Name: _____

Household Assistance Terminated Effective Date: _____

Reason for Termination:

- ☐ TTP Exceeds Gross Rent
- ☐ Did Not Provide Citizenship Documents
- ☐ Late Recertification Tenant **Required** to Pay Market Rent
- ☐ Late Recertification Tenant **Temporarily** Paying Market Rent
- ☐ Tenant Refuses to Transfer
- ☐ Contract Expired
- ☐ Contract Terminated

☐ **Unit removed from Section 8 contract:** Effective Date: _____
(Developments containing multiple contracts with floating subsidy)

Subsidy going to Unit #: _____ **Unit Size/Contract Rent:** _____/_____

☐ **Unit changed Contract #:** From Contract # _____ To Contract # _____

☐ **Market Rate renter moved out:** Effective Date: _____

☐ **Change in Household Information:**

Change in Head of Household:

New HOH Name: _____ Old HOH Name: _____

Change in Social Security Number:

Member # _____ Old SS#: _____ New SS #: _____

Other: _____ Effective Date: _____

 Submitted by Date

MHFA staff notes: